

PD8000074595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200134527332

08/19/08--01029--010 **35.00

FILED
2008 AUG 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Incorporation
Revised
8-22-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVIS REPAIR SERVICE INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000074595

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE L. DAVIS
(Name of Contact Person)

DAVIS REPAIR SERVICE INC.
(Firm/Company)

613 SOUTH 16TH STREET
(Address)

HAINES CITY, FL 33844
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE DAVIS at (863) 201-3178
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status.

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

DAVIS REPAIR SERVICE INC.

Name of Corporation as currently filed with the Florida Dept. of State

P08000074595

Document Number (if known)

FILED
2008 AUG 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct

ARTICLES OF CORPORATION
(Document Type Being Corrected)

filed with the Department of State on

8/08/08

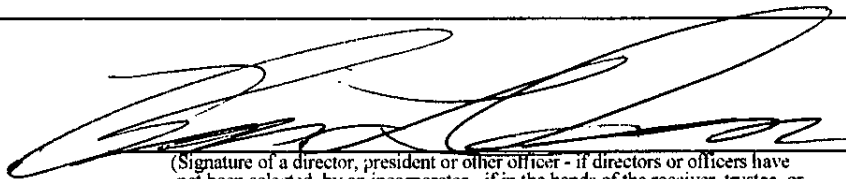
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NO NAME AND ADDRESS RECORDED UNDER
OFFICER / DIRECTOR DETAIL

Correct the inaccuracy, incorrect statement, or defect:

DAVIS, BRUCE L. SR
613 SOUTH 16TH STREET
HAINES CITY, FL. 33844
(PRESIDENT)



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

BRUCE L. DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00